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# Strategic Plan

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## Office of Minority Health



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# **Strategic Plan for the Office of Minority Health**

## **April 1, 2004 – April 1, 2009**

### **EXECUTIVE SUMMARY**

The goal of the Office of Minority Health's (OMH) strategic plan is to improve access to health care and the health status of Virginians in the underserved, uninsured, rural and minority populated areas of the state. OMH is committed to working proactively to build capacity in community health systems to provide integrated, efficient, and effective health care services to improve minority health. OMH incorporates the Federal Office of Management and Budget's Directive 15 definition of Minority Health as the wellness of the racial and ethnic minority persons in the United States.<sup>1</sup>

The measurements of wellness are morbidity (disease), mortality (death) and quality of life. Minorities at all stages of life suffer poorer health and higher rates of premature death when compared to the majority population. In Virginia, minorities comprise nearly 30 percent of the state's total population of 7.3 million. Minorities include the following racial and ethnic group populations: African-Americans or Blacks (1,458,697), Asian (297,661), Native Hawaiians or other Pacific Islanders (5,096), Hispanics or Latinos (378,060) and American Indians or Alaskan Natives (23,778).<sup>2</sup>

Available data for Virginia substantiates a disparity or "gap" in health status and health outcomes for minorities. The life expectancy in 2001 for minority persons (72 years) in Virginia was six years less than whites (78 years). The state's overall infant mortality and teenage pregnancy rates have shown downward trends in the last decade, yet the gap between minorities and whites has continued. It is important to note that this aggregate minority health data often does not reveal the level of severity in health status and outcomes that particular minority groups experience. As such, a good deal is known about why minorities are hardest hit with some conditions, like HIV/AIDS, but less is known about how to reduce the burden of these illnesses. It is still unclear why minorities are disproportionately affected with other conditions, such as certain cancers.

OMH supports targeting efforts to educate and promote community level disease prevention activities which will lead to better health for minorities, and all Virginians. Acknowledging health disparities and eliminating the disproportionate burden of death and disability among minority Virginians will also benefit the state economically. More people will be healthy, available to work, gain economic independence and contribute to the Commonwealth's productivity.

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<sup>1</sup>Federal Office of Management and Budget, Directive 15

<sup>2</sup> U.S. Census Bureau, Population Division, County Population Estimates by Race Alone and Hispanic or Latino Origin: July 1, 2002. Release Date: September 18, 2003

OMH's strategic plan addresses the following set of priorities:

- Reduce health disparities within the underserved, uninsured, rural and minority populations;
- Coordinate and provide relevant and timely health information that supports the development efforts of underserved, uninsured, rural and minority community health;
- Support the expansion of primary and preventive health care services in the minority community;
- Support community-based network development efforts striving to improve access to integrated health care services for minority populations;
- Promote development of health resources in the underserved, uninsured and rural areas;
- Promote the expansion of health care providers and quality practice management in the underserved, uninsured, rural and minority populated areas;
- Promote state and national health policy that supports the underserved, uninsured, rural and minority community-based initiatives that correspond to the OMH's priorities.

This plan identifies formalized goals, objectives, action steps and strategies needed to accomplish OMH's mission. The enclosed strategic plan is a compilation of the planning efforts of the Virginia Department of Health (VDH), the Office of Health Policy and Planning (OHPP), The Office of Minority Health and the Commissioner's Minority Health Advisory Committee (MHAC) that will guide OMH over the next five years. OMH will continue to update the Minority Health Advisory Committee through a semi-annual newsletter and quarterly advisory committee meetings. OMH and the MHAC will schedule three annual Town Hall Meetings at key designated areas in Virginia. Its primary charge is to advise and provide recommendations to the Commissioner and the Virginia Department of Health (VDH) on how best to improve the health of minority citizens.

## **INTRODUCTION**

The Office of Minority Health's Strategic Plan demonstrates its leadership role in raising levels of awareness, engaging stakeholders, and identifying new and best practices to break the cycle of inequalities in access to health care and racial and ethnic minority health disparities in the state. To address the problem of equal and adequate access to health care and quality of life for Virginians, the strategic plan will be used in coordination with the *Healthy Virginians 2010* initiatives to improve the overall health status of minorities and ultimately eliminate health disparities in the Commonwealth's minority and other disparity populations.

OMH convened the MHAC to develop, implement, and evaluate this strategic plan to improve access to health care services in Virginia's minority communities. Economic poverty has risen to epidemic proportions and is especially prevalent in the low-income, minority and other health disparity communities. These communities have a higher risk factor for such serious diseases as obesity, stroke, diabetes, cancer, youth pregnancy, heart disease and HIV/STDs, which are associated with depression and other mental health conditions. These medical and mental health conditions disproportionately affect racial and ethnic minority populations, and those of lower socioeconomic status. These communities require better access to healthcare and empowerment, yet they are the most medically underserved and uninsured.

The OMH recognizes that it cannot, by itself, solve these major problems. A partnership with community, academia, health professional, business organizations and continued support within VDH is the key. The OMH accepts its leadership role in improving access to care for minorities in the Commonwealth. The OMH is committed to attaining the highest level of healthcare and quality of life for all Virginians. The OMH must meet the challenge to ultimately eliminate disparity in Virginia by seeking to capitalize on recent data and proven research facts. It strives to meet the challenges to understanding the forces contributing to healthcare disparities and implement strategies toward parity of health systems throughout the Commonwealth.

The increase in health disparities over the past 20 years has been fueled by a complex interplay of lack of access to healthcare, environmental, social, economic, and behavioral factors, acting on a history of cultural, income and institutional inequalities. The OMH seeks to provide leadership in fostering unprecedented healthcare opportunities and work towards equity in healthcare for all. Left unabated, the escalating rates of chronic diseases in the minority and other health disparity populations will place a severe burden on Virginia's health and the health care system of the Commonwealth.

The OMH recognizes that addressing adequate access to health care and health disparities in the minority and low-income communities is a formidable challenge. The strategic plan will encourage the involvement of top decision makers in government, the health care industry, academia and diverse community leaders, including faith based groups, community organizations, and civil rights groups. Improving access to minority health is a problem that Virginia can solve. Broad based coalitions and partnerships are needed to make significant progress in implementing this strategic plan. Improved access to health care for all minorities and other health disparity communities will one day be a reality in Virginia. The OMH welcome the challenge to improve access to care so as to reduce and ultimately eliminate racial and ethnic health disparities in the Commonwealth.

## **BACKGROUND**

In 1985, the United States Secretary of Health and Human Services empanelled a Task Force on Minority Health to review the available data and assess the health status of minority Americans. The task force identified six causes of death as collectively accounting for more than 80 percent of the excess death and mortality for African-Americans or Blacks and other minority groups. These were cancer, asthma, heart disease and stroke, chemical dependency, diabetes, intentional and unintentional injuries and infant mortality. The task force also discerned that minorities experience significantly poorer health outcomes when compared to their white counterparts. While the health status for Americans overall is improving, the health status for minorities is declining. Because of these disparities, the U.S. Secretary created the federal Office of Minority Health to continually monitor minority health issues and to recommend ways to improve the health status and outcomes for minorities.

In 1990, Virginia's State Health Commissioner created the Minority Health Advisory Committee (MHAC) to ensure that the health priorities and health concerns of Virginia's minority populations were adequately addressed by the VDH. The MHAC included representatives from local, state, and federal public health agencies, the University of Virginia's Center for Public

Service, Virginia Commonwealth University's Department of Pharmaceuticals, Norfolk State University's Department of Political Science and Economics, the Baptist General Convention of Virginia and VDH. With the rise in the other minority race communities in the state, the Vietnamese Resettlement Association, the Powhatan Society, the Hispanic Committee of Virginia, private health care providers and consumers were added. MHAC's membership has constantly expanded since then and each member serves as the minority representative for a racial and ethnic population.

The General Assembly further recognized the need to address minority health through the passage of House Joint Resolution 344 in 1991. HJR 344 resolves “. . . *that the Minority Health Advisory Committee is hereby requested to develop long-term minority health initiatives in the delivery of state and social services and the Department of Health be encouraged to continue its commitment to provide staff support to the Advisory Committee in its efforts to address these vital issues.*”

In January 1992, the Commissioner created the Office of Minority Health to bring a minority health focus to the programs and policies of VDH. OMH provides staff support for the MHAC and advises the Commissioner on issues related to the priorities and strategies for reducing disease, disability, and death among minorities in Virginia. The OMH and the MHAC serve as the primary unit in the Virginia Department of Health (VDH) to advise the Commissioner on minority health issues. The purpose of OMH and MHAC's collaboration is to focus its efforts on the development and implementation of a strategic plan to identify, coordinate and determine the extent to which policies, programs, and services of the Commonwealth can be improved to better address the needs of Virginia's minority populations.

### **MISSION**

The mission of The Office of Minority Health is to enhance the health status of minorities in the Commonwealth through leadership, advocacy, education and proactive outreach for special programs and projects to improve access to health care and ultimately eliminate health disparities in Virginia.

### **VISION**

The vision of The Office of Minority Health is to be recognized as the premier entity for minority health in the Commonwealth of Virginia and will strive to be one of the most efficient and effective State Offices of Minority Health in America.

### **VALUES**

The activities in the OMH are based on the following values:

### **Services**

***Services are expected to be universally acceptable, non-discriminatory, cover problems faced by the minority community and comparable to any services available in the private sector.***

The OMH will facilitate the exchange of best practices for addressing access to health care and health disparities among organizations, providers, community groups and agencies. The OMH will partner with multidisciplinary teams to coordinate and reinforce approaches to disease management, and widely disseminate information regarding disparity issues and effective solutions.

### **Teamwork**

***Teamwork is expected in public health. Our approach entails the exchange of best practices and the integrated use of all the disciplines of the health department, agencies, businesses, and other resources.***

The OMH will forge and reinforce collaborative efforts to build partnerships with agencies, businesses and community groups. The OMH will coordinate and refer programs that modify behavior across a broad scope of health issues and institute these communications/lessons in the minority communities.

### **Inclusive Decision-Making**

***Inclusive decision-making from our collaborative partners is essential to achieving equitable health care access to minorities in Virginia. Stakeholders' involvement will be encouraged and appointments made, as appropriate.***

The OMH will involve and use the business community more effectively by strongly encouraging the inclusion of minorities in key roles where significant minority input may be missing and needed (i.e. hospital boards, providers/managers/administrators). The OMH plans to use its leadership to promote inclusion of minorities in decision-making and key positions in the health care industry and public arena through the establishment of a minority leadership mentoring training program that includes incentives to organizations for aggressive and effective recruitment and retention of minorities in government and health care institutions.

### **Fiscal Responsibility**

***Fiscal responsibility is mandated, essential and expected to ensure access to quality health care for minorities. OMH must apply cost effective management in accomplishing its mission.***

The OMH will advocate and monitor a more effective allocation or redirection of resources to target minority health care issues. The OMH will encourage, target and request allocated resources in all future budgets to establish a technical assistance and training program to enhance the infrastructure and effectiveness of community-based agencies/organizations that provide and/or promote sustained access to health care for minorities. Based on *Healthy Virginians 2010* goals, the OMH will champion for an

increase budget allocation to target programs that promote access to quality healthcare and devoted to addressing the elimination of minority health disparities in the Commonwealth.

### ***Integrity and Ethics***

***Integrity and strong ethics are expected from all stakeholders. Transparency within the decision-making process to increase awareness, trustworthiness, and honesty is especially true in our efforts in serving minority communities.***

The OMH is committed to increasing awareness of disparities in health status by race/ethnicity in Virginia. OMH encourages and fosters support for the development and implementation of a statewide awareness and educational campaign to: 1) raise levels of information and awareness about minority access to health care problems and inequality in health care services; 2) promote changes in minority community behaviors to foster best health practices and improve quality of life; and 3) encourage and promote culturally based and culturally competent health care practices and interventions by health care providers.

## **OUR CONSTITUENCY**

The OMH's constituency includes professionals and consumers whose actions and interests impact Virginia's delivery of health care services in minority and other health disparity areas of the state. This includes, but is not limited to, local, state, and national minority health advocates, educators, state agencies, health care associations, health care providers, community and economic development specialists, businesses, academia and state and federal legislators and others. It also includes minority consumers of health programs.

## **STRATEGIC PLAN GOALS**

The Strategic Plan is focused on five major goals that provide the framework for the results OMH wants to achieve in accomplishing its mission. These strategic goals were selected to broaden the reach of health care services, to make health care more effective, and improve access to quality healthcare for minorities, the medically underserved and uninsured citizens of Virginia. OMH is dedicated to bridging the gap between the healthcare providers, health services, decision makers, the business community and the minority population. Honoring our mission and adhering to our strategic goals, OMH commits to creating an environment that facilitates the enhancement of access to healthcare and quality of life, while reducing health disparities for the vulnerable populations.

### **STRATEGIC GOAL 1:**

**IMPROVE ACCESS TO HEALTH CARE FOR MINORITIES IN VIRGINIA**



**STRATEGIC GOAL 2:**

COORDINATE AND PARTNER WITH ENTITIES DEDICATED TO IMPLEMENTING OUTREACH ACTIVITIES THAT ADDRESS RACIAL AND ETHNIC MINORITY HEALTH ISSUES

**STRATEGIC GOAL 3:**

PROMOTE THE REDUCTION AND ULTIMATELY THE ELIMINATION OF HEALTH DISPARITIES IN VIRGINIA FOR MINORITY POPULATIONS

**STRATEGIC GOAL 4:**

ENHANCE OMH'S REPUTATION AS A LEADING SOURCE OF MINORITY HEALTH DATA

**STRATEGIC GOAL 5:**

PARTNER WITH THE MINORITY COMMUNITIES TO DEVELOP A "HEALTH SYSTEM EMPOWERMENT PLAN"

**THE STRATEGIC PLAN OBJECTIVES**

The strategic planning effort is designed to establish a system to meet and implement these important objectives.

**Strategic Goal 1: Improve Access to Health Care for Minorities in Virginia**

**Objective 1.1 Advocate for access to high quality and appropriate health care.**

Continue local, regional, state and national advocacy efforts that focus on improving access to health care services in minority areas by partnering with appropriate organizations. Serve on boards, task forces, committees and other formal groups to advocate for the health of minority citizens in Virginia.

**Objective 1.2 Collaborate with existing partners and identify new partners.**

Seek new ways to collaborate with existing Virginia partners such as Virginia Primary Care, Head Start, Old Towne Medical Center, Virginia Rural Health Resource Center, various community based organizations, etc. for effective advocacy: identify new collaborations with VDH agencies and other state agencies identified within the Healthy Virginians 2010 document. Ensure that efforts are consistent with appropriate institutions, state and national guidelines.

### **Objective 1.3 Seek new areas for advocacy efforts.**

Identify new and emerging areas for improving minority access to health care, cost and quality. Address these issues through continuous assessment of issues impacting Virginia's health care delivery in minority health areas. Inform policy development where appropriate.

## **Strategic Goal 2: Coordinate and Partner with Entities Dedicated to and Implementing Outreach Activities That Address Racial and Ethnic Minority Health Issues**

### **Objective 2.1 Disseminate timely and relevant information for Minority Health advocates.**

Publish a semi-annual newsletter and continue to hold town hall meetings. Maintain a web site with links to current news notification, fact sheets, and other publications. Enhance the web site for the OMH to include health resource information, data and personal health information (designating the minority groups). Publish a best practice guide/report for eliminating disparities; and facilitate greater utilization of minority and mainstream media to educate and report on minority health care issues.

### **Objective 2.2 Participate in outreach activities that promote Minority Health.**

Participate in events where minority health and racial and ethnic health information can be disseminated.

### **Objective 2.3 Seek additional avenues for Minority Health outreach.**

Continue to identify and participate in outreach activities that involve new partners and areas of concentration to extend the dissemination of current data on minority health information. Identify sources of funding to help support outreach activities.

## **Strategic Goal 3: Promote the Reduction and Ultimately the Elimination of Health Disparities in Virginia for Minority Populations**

### **Objective 3.1 Partner and coordinate efforts with programs that deliver timely and relevant health information to Minority Health advocates.**

Coordinate an Annual Minority Health Conference. Foster support for community based organizations that seek to eliminate health disparities. Conduct community grant writing workshops.

### **Objective 3.2 Seek new avenues to educate the public on minority health issues.**

Seek new areas for health care programming designed to meet the needs of new and/or expanded audiences and disseminate minority health topics to enhance OMH's effectiveness with existing and new partners.

### **Objective 3.3 Continue to explore new methods for program delivery with partners.**

Coordinate and expand the accessibility of educational programming utilizing existing methods of instruction with partners, such as on-site training and distance education methods to increase awareness of the importance of improved access to health care as an important step in eliminating health and service disparities related to race status. Explore other venues for training such as computer-based programs. Identify sources of funding to help support educational activities.

### **Objective 3.4 Serve as a resource to and benefit from our local, state, and national healthcare and business partners.**

Enhance and expand our efforts with local, state, and national partners. Identify venues for collaboration, provide accurate and timely information and offer support as needed. Communicate, document, and champion best practices in improving access to care.

## **Strategic Goal 4: Enhance OMH's Reputation as a Leading Source of Minority Health Data**

### **Objective 4.1 Expand the knowledge base of information on minority health issues, communicate current information to relevant audiences and identify and advocate for public policies that aid in closing the health status gap.**

Identify a research agenda that investigates current and emerging minority health issues. Develop venues for disseminating applied minority health findings to state and national partners through publications and presentations. Monitor sponsored programs and projects for accountability towards the elimination of health disparities.

### **Objective 4.2 Integrate efforts into other minority health activities and identify and utilize resources available at universities and through other partners.**

Seek opportunities for integrating applied research efforts into faith based and educational activities. Promote, develop and enhance access to care in an effort to eliminate health status disparity. Seek collaborations at Virginia churches, universities and colleges to expand research information. Make the OMH a leading participant in emerging collaborative efforts to reduce and ultimately eliminate health status gaps.

### **Objective 4.3 Seek sources of funding for applied research efforts to educate the public.**

Identify various external sources of funding to assist the uninsured and the underserved (i.e., minority communities receive appropriate health insurance and other financial information to cover health needs). Seek and increase resources to educate the underserved populations regarding access to quality health care. Research methods (i.e., used by other states and businesses) that have a proven record in enhancing access to health care.

## **Strategic Goal 5: Partner with the Minority Communities to develop a “Health System Empowerment Plan”**

Since a routine source of primary care increases the chance that minorities receive adequate preventive care and other important health care services, it is the premise of OMH that collaboration is one of the most effective approaches to developing solutions to minority health problems in the health care system. OMH strongly advocates strengthening support, awareness and partnerships with the minority communities to develop a “Health System Empowering Plan” through the coordinated group efforts within VDH.

### **Objective 5.1 Take a leadership role and partner with the minority communities in the development of an empowerment agenda to improve access and receive quality health care and increase the health status of Virginia’s minorities.**

Promote the message that “lack of insurance” is taking an increasing financial toll on the Commonwealth.

### **Objective 5.2 Through partnerships and collaborations take a leadership role in expanding Virginia’s focus on special projects.**

Continue to provide leadership in the implementation of the Medicare Minority Health Hospital Flexibility/Critical Access Hospital Programs, emergency medical services, small hospital improvement programs and related efforts developed at the state and federal levels.

Seek other avenues for initiating special projects at the university, state, and federal levels focused on minority health and disparity and other issues impacting the health of Minority residents. Identify sources of funding to help support activities.

### **Objective 5.3 Seek new local, state, and national partners.**

Identify new partners in the business communities for collaboration and other consumer partners to support existing or new minority health focus areas.

### **Objective 5.4 Support agency efforts to:**

Provide culturally appropriate prevention and treatment for the minority populations.

Provide prevention and optimal management of chronic disease for minority populations. Especially target the high risk diseases (i.e., obesity, cancer, youth pregnancy, asthma, intentional and unintentional injuries, diabetes, stroke, heart disease and HIV/STDs).

Provide culturally appropriate prevention and treatment for substance abuse within minority populations.

Ensure the medically underserved minority population receives appropriate and quality treatment.

Work in cross-cultural settings to deliver health care to the uninsured.

Promote reproductive health for youth in minority and disparity communities.

**Objective 5.5 Encourage Minority participation in making an investment in the public health infrastructure.**

Support agency efforts to encourage and increase minority participation in Emergency Preparedness and Response.

1. Inform, educate, and empower people about health issues.
2. Mobilize minority community partnerships and action to identify health hazards in the community regarding how and who to contact for possible emergency health problems.
3. Link minority communities to personal health services and assess emergency health care provisions, accessibility and quality of population-based health services.

**EVALUATION and OUTCOME MEASURES**

**(This Section is in Development.)**

**Outcome Statement**

Minority Health initiatives must be operational in the programs and districts of the VDH. These initiatives, where appropriate, must be transferred to local governmental and nongovernmental agencies and organizations. The designated minority populations should always be included in the planning, policy development and implementation of any initiative.

OMH assumes an operational versus a programmatic management approach in accomplishing its mission. This management approach demands ongoing interaction and communication between VDH, other state agencies, federal, state and local officials, and nongovernmental agencies and organizations (i.e., community-based organizations, and philanthropic groups, etc.).

OMH plans to improve minority health surveillance and provide systematic data sets on certain diseases. Our plan is to create a library of aggregate data from state agencies and other sources becoming the first state clearing house for minority health. The following are some of the measurable outcomes expected to meet and implement the important objectives and strategies of OMH.

### **Measurable Outcome A**

The enhancement of data collection, analysis and reporting on minority populations throughout the programs and districts to the OMH at the VDH.

1. By January 2005, the OMH, in conjunction with the VDH Center for Health Statistics (CHS) will develop a methodology to include population numbers and percentages by race and ethnicity. The data will include White, African American or Black, Asian, Native Hawaiian or other Pacific Islander, Hispanic or Latino, and American Indian or Alaskan Native. OMH and CHS will also convene a work group to develop a long-term methodology (which includes the four minority groups) to estimate Virginia's population and percentages between federal census years. This methodology will be completed by August 2005. These methodologies will enable Virginia health statistics to be analyzed and reported for all racial and ethnic minorities in Virginia.
2. By December 2005, include in all existing and future VDH data sets the collection of race and ethnicity information for the five categories used by the National Center for Health Statistics, and defined in the federal Office of Management and Budget's Directive 15. These include White, African-American or Black, Asian, Native Hawaiian or other Pacific Islander, Hispanic or Latino, and American Indian or Alaskan Native.
3. By October 2006, all grant funded personal health programs at the VDH will collect race and ethnicity information by White, African-American or Black, Asian, Native Hawaiian or other Pacific Islander, Hispanic or Latino, and American Indian or Alaskan Native. OMH will assume the leadership role in housing this collective Minority Health data.
4. By July 2006, the "VISION" (Virginia Information Systems Integrated Online Network) health data system will collect race and ethnicity information for all personal health services by White, African-American or Black, Asian, Native Hawaiian or other Pacific Islander, Hispanic or Latino, and American Indian or Alaskan Native. Personal health services are defined as all services in Family Health, Communicable Disease/Epidemiology, Dental Health, Lead, Immunization, Health Education, and Chronic Disease programs at the VDH.
5. By September 2006, enhance the quality and quantity of publications related to Minority Health and provide links on OMH web page.
6. By December 2006, the Virginia Department of Health will produce the Minority Health Statistics Report. The OMH and the Center for Health Statistics, in consultation with the Minority Health Advisory Committee will review and enhance the design of the document. This report is to be produced on an annual basis thereafter.

### **Measurable Outcome B**

The assurance that policy and programs at VDH appropriately direct **resources** and **activities** toward Minority Health.

1. By July 2005, VDH will develop a work plan to encourage the employment of minority middle and senior professional and administrative persons at policy, program and district

levels.

2. Establish a baseline for VDH Minority Health activities. OMH will complete an assessment of Minority Health activities at the VDH in coordination with the Healthy Virginians 2010 initiatives. This assessment will be the baseline measure for minority health initiatives in the department and will include, at a minimum, the number and type of existing programs specifically targeting minority groups, the number of full time equivalents specifically dedicated to minority health, and the amount of financial resources directed to minority health initiatives. The assessment of VDH programs will be completed by June 15, 2006. The assessment of district programs will be completed by March 1, 2007.
3. By September 2007, develop outreach strategies for reaching minority communities by encouraging submission of grant funding applications and by providing grant writing training. OMH can provide technical assistance
4. By January 2008, include Minority Health goals, objectives and strategies in VDH office programs and health district activities.

#### **Measurable Outcome C**

The development of effective internal and external communication networks to **improve access to care** for minority Virginians.

1. By November 2004, plan, coordinate, and co-sponsor an annual Virginia Minority Health Conference with a Historically Black College or University (HBCUs). OMH will co-sponsor annual health conferences at other colleges and universities throughout the state.
2. By October 2005, identify and obtain non-VDH public and private resources to implement local Minority Health promotion and health education projects.
3. By February 2006, enhance the OMH web site to support the continuum of local and statewide minority health initiatives.
4. By June 2006, OMH will create a catalogue of Minority Health programs, projects and initiatives in Virginia.
5. By November 2006, OMH will coordinate the establishment of Virginia Minority Health Month.
6. By December 2007, establish a baseline for the number of minority physicians in Virginia on the OMH web site. This will include the race, ethnicity, practice site and specialty.
7. By July 2009, establish a clearinghouse or resource center for Virginia minority health activities.

## SUMMARY

The diversity of our population remains one of America's greatest assets. However, discrepancies in health status represent a challenge both in terms of better understanding them, as well as reducing and ultimately eliminate them. The primary outcome of the OMH Strategic Plan is to address the serious issues associated with eliminating disparities in minority health. The OMH and MHAC worked hard to forge an agenda that recognized the roles that health care providers, elected officials, government and community leaders could assume in changing the face of disparities. While VDH and OMH have a role in implementing all the recommended strategies, other state agencies, health care providers and community groups are expected to join in partnership with VDH and OMH in making this strategic plan a reality.

Achieving quality health for all Virginians is both a moral imperative and a matter of good economics. The cost of poor health is far greater than the cost of preventing it. Illness and injury is not only a concern for doctors and patients; it has far reaching implications for the well being, productivity, and the quality of life for everyone. The health of Virginia depends, literally, on the health of all its residents.

The OMH and MHAC have delineated a strategy for ensuring health for all and reducing health disparities. The Priority Issues represent significant concerns across the state. As the authors of the **OMH Strategic Plan** understand, there are specific pathways leading from root causes to specific behaviors and access barriers that either exacerbate or reduce health problems for minorities. The strategic plan premises collecting accurate data and understanding the evidence, provides the roadmap for action.

The Strategic Plan points the way towards interventions Virginia and Virginians must take. Government, institutions, and communities all have a central role to play. Action is needed to strengthen community environments and shift behaviors to prevent disease and injury. Action is needed to ensure health services are high quality, accessible, and culturally competent. While the pathways have been described, it is important that communities are engaged in identifying the health concerns and key factors of greatest priority in their neighborhoods. Efforts must build on community strength - their healthy traditions, their resilience, their diversity, and their committed institutions.

The vision of a healthy, productive Virginia will rely on commitment. There is a critical job for the health sector to improve the availability and quality of medical care for all Virginia's ethnic and racial groups. The Office of Minority Health and the Minority Health Advisory Committee believe it is vital that every public and private institution step forward to improve the environments that foster good health for all.